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Mailing Address 426 LILLY ROAD NE APT 316 City OLYMPIA Purpose of Disbursement Contribution Refund Candidate Name Office Sought: Full Name (Last, First, Middle Initial) B. BRIAN KELLY Mailing Address 1206 SHAFTER ST. City SAN MATEO Purpose of Disbursement Contribution Refund Candidate Name Disbursement For: 2015 Primary Other (specify) Amount of Eac Category/ Type Refund of contribetion Refund Candidate Name Category/ Tother (specify) Date of Disbursement Contribution Refund Candidate Name Office Sought: House Senate Primary Office Sought: President Contribution Refund Candidate Name Category/ Type Office Sought: President Other (specify) Transaction I Amount of Eac Category/ Type Transaction I Amount of Eac Category/ Type Office Sought: President Other (specify) Transaction I Amount of Eac Category/ Type Office Sought: President Other (specify) Transaction I Category/ Type Other (specify) Transaction I Category/ Type Other (specify) Full Name (Last, First, Middle Initial)	of soliciting contributions as from such committee. sement 20 2015 D: SB28A_27096981 n Disbursement this Period 25.00 button, initially earmarked for CONGRESSIONAL CAMPAIGI
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